

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 701861	RECEIPT DATE:	12 / 05 / 00
IA NUMBER:	PCT/ GB99 / 01766	IA FILING DATE:	03 / 06 / 99
FAMILY NAME:	KAPLAN	DELAY WAIVED (Y/N):	N
GIVEN NAME:	ROBERT	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 06 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	ROBERT KAPLAN		
STREET:	4 CRESWICK WALK		
CITY:	LONDON		
STATE/COUNTRY:	GBX	ZIP:	NW11 6AN
EMAIL:			
APPLICATION TITLES:			
	METHOD AND APPARATUS FOR ACCESSING WEB SITES VIA THE INTERNET		

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/701,861	FILING DATE 12/05/2000 RULE _	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. _
APPLICANTS Robert Kaplan, London, UNITED KINGDOM;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB99/01766 03/06/1999				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9811941.5 06/03/1998 UNITED KINGDOM 9814947.9 07/09/1998 UNITED KINGDOM 9908554.0 04/14/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/02/2001 ** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 12	TOTAL CLAIMS 20
				INDEPENDENT CLAIMS 3
ADDRESS AIR MAIL Robert Kaplan 4 Creswick Walk London, NW11 6AN UNITED KINGDOM				
TITLE Method and apparatus for accessing web sites via the internet				
FILING FEE RECEIVED 686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	